



Fire Department

Aaron Lipski
Chief

Joshua Parish
Assistant Chief
David Hensley
Assistant Chief
Schuyler Belott
Assistant Chief

MEMORANDUM

TO: Jeffrey Norman, Chief of Police
Paul Formolo, Assistant Chief of Police

FROM: David Hensley
Assistant Chief

DATE: 11/07/2023

RE: Ambulance Company's Application for Approval

Attached is a copy of Superior Ambulance Service's application for certification as a certified provider. Please approve or deny application based on qualifications described in city ordinance 75-15 (6).

Upon completion, please return your recommendations for allowance or denial to my office.

If you have any questions or required further information, please contact Deputy Chief Michael Cieciva at mcieci@milwaukee.gov or (414) 286-8981.

Thank you.

DAVID HENSLEY
Assistant Chief
EMS, Training, and Education

CC: Heather Hecimovich Hough, MPD Chief of Staff
EMS Deputy Chief Michael Cieciva

City of Milwaukee Fire Department

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,210.00 – New Applicants

\$1,100.00 - Renewals

Make check payable to the City of Milwaukee Fire Department

Check (✓) one: Individual
 Partnership
 Corporation

Check (✓) one: Certified Provider
 Limited Certified Provider
 Non-Transporting EMS Provider

1. NAME OF APPLICANT (If individual): Not Applicable

Business Name: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No
If yes, name of person(s), date, charge, and penalty: _____

2. PARTNERSHIP (If applicable): Not Applicable

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

3. NAME OF CORPORATION: Superior Air-Ground Ambulance Service of Wisconsin, Inc

Address: N89W14452 Patrta Dr Menomonee Falls, WI 53051

Date and Place of Incorporation: 9/29/2017 Milwaukee, WI

President: David B. Hill III

Home Address: 395 W. Lake St

City: Elmhurst State: IL Zip: 60126

Phone: 630-832-2000 Date of Birth 12/29/1956

Vice President: Mary Franco

Home Address: 3059 Deerfield Rd

City: Riverwood State: IL Zip: 60015

Phone: 630-235-5418 Date of Birth: 8/21/1969

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Secretary: Kimberly Pate Godden

Home Address: 2135 W. Walton St

City: Chicago

State: IL

Zip: 60622

Phone: 630-417-2287

Date of Birth: 07/26/1973

Treasurer: Dave B. Hill III

Home Address: 395 W. Lake St

City: Elmhurst

State: IL

Zip: 60126

Agent: CT Corporation

Home Address: 301 S Bedford St Suite 1

City: Madison

State: WI

Zip: 53703

4. OTHER REQUIREMENTS:

Do you have on file with the Fire Department, a valid and current certificate of insurance for this license period? Yes No

Do you have a valid State of Wisconsin Inspection Certificate? Yes No

Do you participate in the Emergency Medical Services System? Yes No

If yes, list service area number: _____

Do you wish to participate in the Emergency Medical Services System? Yes No

Total number of vehicles in service: 35

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

- 5. The undersigned agrees to inform the Milwaukee Fire Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
- 6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.
- 7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 21st day of September, 2023

Individual/Corporate President/Partner: Dave B. Hill III

Additional Partner/Corporate Vice President: M. Franke

Notary Public, State of Wisconsin: Sandra Tineo

My commission expires: December 11, 2023



Corporate Secretary: [Signature]

Corporate Treasurer: Dave B. Hill III

Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted